TEXAS DEPARTMENT OF STATE HEALTH SERVICES
BUSINESS FILING AND VERIFICATION SECTION

FOOD MANUFACTURER LICENSE APPLICATION
INITIAL, CHANGE OF OWNERSHIP,
RENEWAL, OR OUT OF BUSINESS NOTIFICATION

Health and Safety Code, Chapter 431
Texas Administrative Code, Chapter 229

IMPORTANT INFORMATION

If you are a manufacturer of any foods that contain meat or poultry products, contact Meat Safety Assurance at (512) 834-6760 or regulatory.meat@dshs.texas.gov, you may need a Grant of Inspection.

If you are a food wholesaler only meaning you do not private-label, manufacture, or repack food, go to www.dshs.texas.gov/foods for the correct application or to apply online.

If you are a food manufacturer who operates food warehousing locations that are physically separate from the manufacturing location, the food warehouses must be individually licensed as food warehouse operators.

FACILITY INFORMATION

Name Under Which Business is Conducted (DBA): ________________________________

Physical Street Address: ______________________________________________________

City, State, Zip Code: __________________________________________ County _______

Telephone # at address: (___) ______________________________________________

Business Hours of operation: _____________m. to _____________m.

WEBSITE/ INTERNET ADDRESS: http://www._______________________________

Is the physical address within the city limits? ☐ Yes ☐ No

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title

Residence Address
PURPOSE OF THIS APPLICATION
Mark appropriate box to indicate purpose of application and/or any change in status of firm.

☐ New (Initial) Initial application does not require a late fee.

☐ Change of Ownership Previous owner: __________________________________________
   Effective Date: ___________________________________
   Change of ownership does not require a late fee

☐ Renewal

☐ Notice that firm is out of business. Date: ____________________________
   Reason: __________________________________________________________

STOP! You do not have to complete the application. Go to the last page to sign and date. Return to the address on page 6 for deletion from our records.

TYPE OF MANUFACTURER
Please check ALL that apply

☐ Processor/Packer (includes bagging ice)

☐ Facility subject to Preventative Controls

☐ Brewery, Winery, Spirit Distillery

☐ Bottled Water

☐ Private Labeler – Name / Address of Co – Packer:
____________________________________________________________________
____________________________________________________________________

TYPE OF FOOD OPERATION
Please check ALL that apply

☐ Seafood (fresh, non-frozen, dried)

☐ Frozen Seafood

☐ Juice/Juice Ingredients

☐ Acidified Food

☐ Aseptic Processing

☐ Low Acid Canned Food

☐ High Pressure Processing

☐ Reduced Oxygen Packaging

☐ Other

TYPE OF SALES
Please check ONE box

☐ Wholesale and/or Retail

☐ Retail Only
MAILING INFORMATION
(The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: __________________________________________________________

Mailing Address: ________________________________________________________

City, State, Zip Code: __________________________________________________

Name of Application Preparer (Contact Person): ______________________________

Telephone Number of Application Preparer (Contact Person): __________________

E-mail Address of Application Preparer (Contact Person): ______________________

LICENSE HOLDER INFORMATION

Please enter the 11-digit State Tax Payer’s Identification number on file with the Texas Comptroller of Public Accounts and your 9-digit Federal Employee Identification Number (EIN). Sole Proprietors may enter their social security number.

Tax Payer #   EIN #

□-□□□□□□□□□□ / □□□□□□□□□

Social Security #

□□□□□□□□□
Complete **ONE** box on this page that relates to the type of ownership of your business.

**Sole Owner/Proprietorship**

Name of Sole Owner: 

Name  

**Partnership**  

Name of Partnership: 

Partnership Address:  

ADDRESS  

CITY  

ST  

ZIP  

Partner Name:  

Residence Address  

Partner Name:  

Residence Address  

Partner Name:  

Residence Address  

**Association**  

Name of Association / State Agency: 

Address:  

ADDRESS  

CITY  

ST  

ZIP  

Name:  

Residence Address  

Name:  

Residence Address  

**Corporation**  

Name of Corporation: 

Corporation Address:  

ADDRESS  

CITY  

ST  

ZIP  

President Name:  

Residence Address  

Officer’s Name:  

Residence Address  

Officer’s Name:  

Residence Address  

Name of Registered Agent:  

Residence Address
FEE SCHEDULE FOR INITIAL/RENEWAL LICENSE OR CHANGE OF OWNERSHIP

The non-refundable fee is based on gross annual sales for ALL food manufactured at the licensed place of business. This includes private labeled food, manufactured food, wholesaled food, and repacked food from the licensed location.

(Table 2 fees based on gross annual sales)

<table>
<thead>
<tr>
<th>Please check one below</th>
<th>GROSS ANNUAL SALES</th>
<th>FEE DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00 - $ 9,999.99</td>
<td>$ 103.00</td>
<td></td>
</tr>
<tr>
<td>$ 10,000.00 - $ 24,999.99</td>
<td>$ 155.00</td>
<td></td>
</tr>
<tr>
<td>$ 25,000.00 - $ 99,999.99</td>
<td>$ 258.00</td>
<td></td>
</tr>
<tr>
<td>$ 100,000.00 - $ 199,999.99</td>
<td>$ 577.00</td>
<td></td>
</tr>
<tr>
<td>$ 200,000.00 - $ 999,999.99</td>
<td>$ 927.00</td>
<td></td>
</tr>
<tr>
<td>$ 1,000,000.00 - $9,999,999.99</td>
<td>$1,154.00</td>
<td></td>
</tr>
<tr>
<td>$10,000,000.00 or more</td>
<td>$1,730.00</td>
<td></td>
</tr>
</tbody>
</table>

☐ Late Fee - A person who files a renewal application after the expiration date must pay an additional $100.00. Initial and change of ownership applications do not pay a late fee.

MAILING AND PAYMENT INFORMATION

The application and non-refundable fee must be mailed to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Cash Receipts Branch
MC 2003
PO Box 12008, Austin, Texas 78711

Make your check or money order payable to:
Texas Department of State Health Services

DO NOT SEND CASH OR A TEMPORARY CHECK
FEES ARE NON-REFUNDABLE

Initial licenses will expire two years from date of payment receipt by the Department.

Normal processing time for all applications is four to six weeks.

A failure to send the non-refundable fee and application to the addresses in accordance with the above instructions, will increase the normal processing time. A license will not be issued unless both the accurate non-refundable fee and application is received.

Any returned checks received after the expiration date will be assessed the $100.00 late fee.
CONTACT AND CORRESPONDENCE INFORMATION

You may contact our office at: (512) 834-6626 or foodsliceninggroup@dshs.texas.gov
You can visit our website at www.dshs.texas.gov

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

VERIFICATION

I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a sole proprietor, I certify I have filed the Assumed Name Certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 431 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 229, and agree to abide by them.

_____________________________  □ OWNER  __________________________
Signature

□ PARTNER  Date

□ PRESIDENT

□ CORPORATE DESIGNEE / AGENT

Printed Name & Title